

1708

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																									
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>3/20/25</u>																											
Establishment <u>Big Y Naugatuck #32</u>		Time In <u>12</u> AM/PM <u>PM</u> Time Out _____ AM/PM																											
Address <u>85 Bridge Street</u>		LHD <u>NVHD</u>																											
Town/City <u>Naugatuck</u>		Purpose of Inspection: <u>Routine</u> Pre-op																											
Permit Holder <u>Michael D'Amour</u>		Reinspection _____ Other _____																											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																													
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>																													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																													
IN	OUT	N/A	N/O																										
Supervision																													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Employee Health																													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Good Hygienic Practices																													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Preventing Contamination by Hands																													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Approved Source																													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Protection from Contamination																													
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Time/Temperature Control for Safety																													
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Consumer Advisory																													
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Highly Susceptible Population																													
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Food/Color Additives and Toxic Substances																													
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Conformance with Approved Procedures																													
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
GOOD RETAIL PRACTICES																													
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>																													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																													
OUT	N/A	N/O																											
Safe Food and Water																													
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Food Temperature Control																													
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Food Identification																													
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Prevention of Food Contamination																													
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Utensils and Equipment																													
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Physical Facilities																													
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>																								
Natural rubber latex gloves not used per CGS §19a-36f																													
Person in Charge (Signature) <u>Brandy Domingue</u>		Date <u>3/20/25</u>																											
Person in Charge (Printed) <u>Brandy Domingue</u>																													
Inspector (Signature) <u>Amy Durand</u>		Date <u>3/20/25</u>																											
Inspector (Printed) <u>Amy Durand</u>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Core Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </table>						Violations documented	Date corrections due	#	Priority Item Violations			Priority Foundation Item Violations			Core Item Violations			Risk Factor/Public Health Intervention Violations			Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations			Requires Reinspection - check box if you intend to reinspect		
Violations documented	Date corrections due	#																											
Priority Item Violations																													
Priority Foundation Item Violations																													
Core Item Violations																													
Risk Factor/Public Health Intervention Violations																													
Repeat Risk Factor/Public Health Intervention Violations																													
Good Retail Practices Violations																													
Requires Reinspection - check box if you intend to reinspect																													
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																													

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Date 3/20/25

Town Norwich

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Meat cooler	40°F	bakery w/c cimbianti	39°F	Pizza 2dr fridge	41°F
Meat HS	90°F	jalapeno poppers HH	135°F	Del. walk in	39°F
Sausage links	39°F	chicken tenders HH	135°F	Del. sandwich cheese	41°F
Strip Steak	38°F	Wings HH	180°F	roast beef	38°F
raw shrimp	38°F	minestrone soup HH	173°F		
Seafood HS	85°F	Pizza HH	135°F		
bakery Hand sing	128°F	roasted peppers CH	40°F		
bakery walk in	0°F	pepperoni CH	38°F		

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Kyle Bruneau 6/17/25, Brandy Celella 1/22/29
<u>meat</u>	Sanitizer quat ✓ test strips ✓ 200 ppm ✓ handsink stocked ✓ signage ✓ hot h2o ✓ poly gloves ✓
<u>Seafood</u>	poly gloves, handsink stocked ✓ signage ✓ Shellfish tags ✓
<u>Bakery</u>	handsinks stocked ✓ signage ✓ hot h2o ✓ Sanitizer quat ✓ test strips ✓ poly gloves ✓
<u>Pizza</u>	poly gloves ✓ thermometers ✓ time stamps ✓ labeling/date marking ✓ cans good ✓ sanitizer quat ✓ handsink 109 F ✓ stocked ✓
<u>Deli</u>	poly gloves ✓ thermometers ✓ to go containers inverted ✓ quat sanitizer ✓ test strips ✓ handsink hot h2o stocked ✓
	dishes good ✓ clean ✓

[Signature]

3/70/25

Army during

3/20/25